

# Request Form for Translation

U. S. Serial No. : 09/446425

Requester's Name: Tracey Akpatti  
Phone No. : 703 305 7820  
Fax No. :  
Office Location: 4D11  
Art Unit/Org.: 2131  
Group Director:

Is this for Board of Patent Appeals? \_\_\_\_\_  
Date of Request: 8/11/03  
Date Needed By: 8/15/03  
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### Document Identification (Select One):

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1.  Patent Document No. \_\_\_\_\_  
Language German  
Country Code \_\_\_\_\_  
Publication Date \_\_\_\_\_  
No. of Pages \_\_\_\_\_ (filled by STIC)  
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2.  Article Author \_\_\_\_\_  
Language \_\_\_\_\_  
Country \_\_\_\_\_  
3.  Other Type of Document \_\_\_\_\_  
Country \_\_\_\_\_  
Language German

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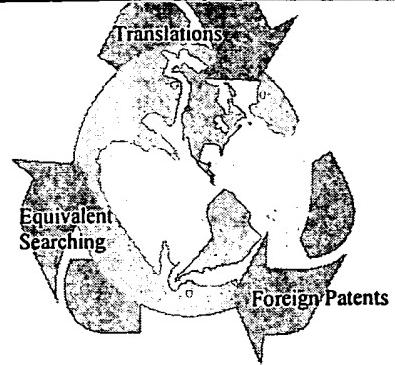
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Translation  
Date logged in: 8/13/03  
PTO estimated words: 84444  
Number of pages: \_\_\_\_\_  
In-House Translation Available: \_\_\_\_\_  
In-House: \_\_\_\_\_  
Translator: \_\_\_\_\_  
Assigned: \_\_\_\_\_  
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Contractor: \_\_\_\_\_  
Name: SC  
Priority: D  
Sent: 8/13/03  
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# Request Form for Translation

U. S. Serial No. :

09/446425

(98)



Requester's Name:

Tracey Akpati

Phone No. :

703 305 7820

Fax No. :

4111

Office Location:

4D11

Art Unit/Org. :

2131

Group Director:

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PTO 2003-4949

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**Document Identification (Select One):**

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1. <input checked="" type="checkbox"/>	Patent	Document No.	<u>9900929</u>
	No. of Pages	Language	<u>German</u>
		Country Code	<u>WO</u>
		Publication Date	<u></u>
		(filled by STIC)	
2. <input type="checkbox"/>	Article	Author	<u></u>
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		Country	<u></u>
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		Language	<u></u>

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Date logged in:

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PTO estimated words:

8056

Number of pages:

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Requester's Name: Tracey Akpah

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Fax No. :

Office Location: 4D11

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	Language	<u>German</u>
	Country Code	<u>WO</u>
	Publication Date	
No. of Pages _____ (filled by STIC)		
2. <input type="checkbox"/> Article	Author	
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	Country	
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PTO estimated words:

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Number of pages:

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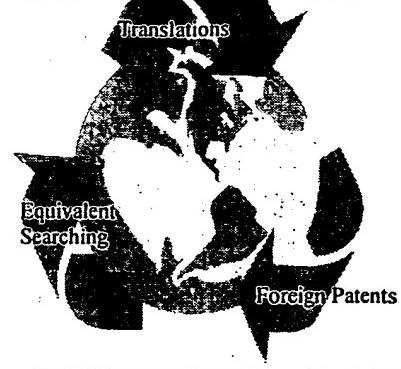
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Requester's Name:

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No. of Pages

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Language

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PTO estimated words:

Number of pages:

In-House Translation Available:

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Requester's Name:

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703 305 7820

Fax No. :

Office Location:

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1.  Patent

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Number of pages:

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Name:

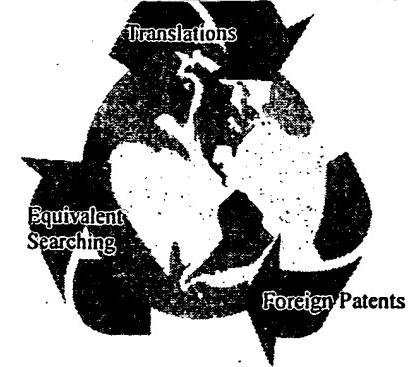
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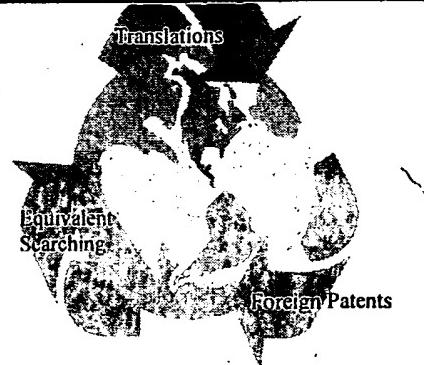
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1. <input checked="" type="checkbox"/> Patent	Document No. _____
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	Country Code _____
	Publication Date _____
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1.  Patent

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Publication Date

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Language

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1056

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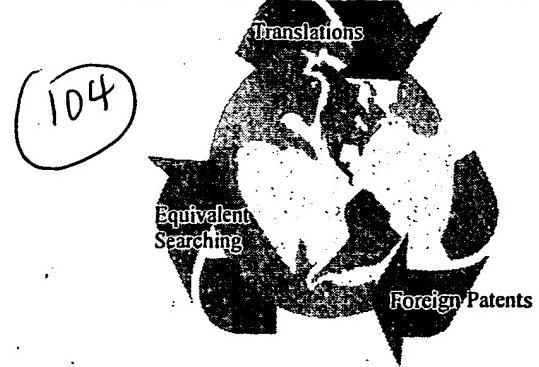
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